Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09834506

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			26.					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			26 _minus 20=		. 6			X\$ 9=		OR	V040	108	
INDEPENDENT CLAIMS			/2 _ minus 3 =		14			X40=		OR	V00	1120.0	
ΜU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=				77200	
* If	the difference	in column 1 is	less than ze	ero, ente	"0" in column 2			TOTAL		OR OR	TOTAL	193810	
	C	LAIMS AS A	AMENDED - PART II					TOTAL	L	JON	OTHER		۲
	_	(Column 1)		(Colu	mn 2)	(Column 3)		SMALL ENTITY			SMALL ENTIT		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		<u> - </u>		X40=		OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		j	+135=		OR	+270=		ļ.
	الار الروائد عالياً المعلوم والمدار الروائد ا	The same	<u>.</u>	.	igent Gent		•	TOTAL		OR	TOTAL ADDIT. FEE	4	, is 8
	(Column 1) (Column					nn 2) (Column 3)		ADDIT. FEE			ADDIT. FEE	·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	÷	=		X\$ 9=		OR	X\$18=		
	Independent :	* !	Minus	***		=		X40=		OR	X80=	-	ŀ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ل	\					
			٠					+135 ¹		OR			
							. ,	TOTAL ADDIT. FEE	-	OR	TOTAL ADDIT. FEE		Į
		(Column 1)	_		mn 2)	(Column 3))]
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		İ
	Independent	•	Minus	***		=	▋┃	X40=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┧┟	+135=					l
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		1
** If the entry in column 1 is less than the entry in column 2, write "U in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												L	1
		nber Previously Pa					er fou	and in the app	propriate box	x in co	lumn 1.		